<u>REGISTRATION FORM</u> LANL OPACITY WORKSHOP

May 3-5, 2005

PERSONAL INFORMATION: Name: (Last, First, Middle):							
Affiliation/Employer:					Z# (If LANL):		
Mailing Address:							
City:			State:		Zip Code:	Country:	
E-Mail:			Telepł	none:		Fax:	
Registration: Registration Fee\$125.00							
Method of Payment:							
☐ Check (enclosed or mailed), make payable to "Opacity Workshop/UC" Check #							
	Credit card-Master	card or Vi	sa ONLY	Credit o	eard #:	Exp. Date:	
Authorization Signature:							
LANL Participants:							
Cost	Center:	Progra	am Code:		Cost Account:	Work Package:	
Cost Center: Program Code: Cost Account: Work Package: **I will attend the following events:* Banquet on 05/03/05							
Special Needs: Indicate any special needs below (AV, handicap access, etc.) or dietary restrictions:							
Guest Banquet Tickets are to be paid by cash, personal check or personal credit card.							
Guest Banquet Tickets @ \$40.00 ea.							
REVIEW THIS SECTION THOROUGHLY AND PROVIDE ALL THE REQUIRED INFORMATION							
CLEARANCE INFORMATION:							
I have a Q cleared, DOE standard badge issued by a DOE weapons facility with Sigmas 1-10 that I will bring.							
The weapons facility that holds my Q clearance is: Lhouse DOE O, with Signes 1, 10, issued by DOE on an avegage facility, and will							
I have a DOE Q, with Sigmas 1-10, issued by DOE a non-weapons facility , and will Require a visitor badge . (Complete visitor badge information below, including form 5631.20).						•	
The facility that holds my Q clearance is:							
I have a DOE Q clearance but do not have a badge, or I have a site-specific badge with Sigmas 1-							
(Complete visitor badge information below, including form 5631.20). I have a DoD (or other) Secret clearance, and will need a visitor badge.							
(Complete visitor badge information below, including form 5631.20).							
If your badge is not through a US weapons facility or if you need a visitor badge please provide the following:							
Citizens	hip: USA	Other	:				
Avis #:		DOB:	Month	Day	Year	SS number:	

Send Registration Form to:

Charlene Rodriguez Phone: (505) 667-6574
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Los Alamos, NM 87545 E-Mail: charlene@lanl.gov